



CITY OF GROVELAND
156 S. LAKE AVENUE
GROVELAND, FL 34736

PHONE 352-429-2141
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CHANGE OF OCCUPANCY

Purpose – The City of Groveland believes that before a business can be approved for licensure, the business should be safe for occupancy and the building or premises should be free of code violations. This inspection is not comprehensive with regard to assuring compliance with all of the codes, but it is fairly important to note that the inspection often times uncovers code violations that must be corrected.

Scope – The scope of the inspection deals with Emergency systems such as emergency lighting, fire extinguishers and exit signs. All of these will be tested to make sure they are in good working order, or will be inspected to assure they comply with the code. This inspection will also deal with egress and ingress issues and accessibility issues as they relate to the particular structure. Doors should meet a minimum of 32” clear width and have accessible hardware installed, accessible ramps and parking spaces should also be provided where possible. We would also prefer that at least one accessible toilet room or stall also be provided. In addition to the items listed above, a general electrical inspection is performed, looking for general code violations such as: missing plate covers, missing blanks in the electrical panels, circuit marking in the panel and general unsafe electrical conditions. In addition, the inspector will also be checking for Back Flow protection devices. This may require the owner of the building to install a back flow device at the water service. This will require a licensed plumber and a permit as well as a certification of the device.

Procedure – In order for you to obtain a change of occupancy inspection, you must obtain a change of occupancy permit, which can be applied for at City Hall. You must submit a floor plans showing the layout of the building and the egress path (s). You must also list any hazardous materials, or list any other materials that are going to be stored on site. Please allow 24 hours for the plan to be reviewed by the Building Official. Once the permit is received, you can call for an inspection and make arrangements to have the business open during normal business hours. The inspector will perform the inspection some time between 8:00 AM and 5:00 PM. Special arrangements can be made with the inspector if his or her schedule allows. You will have to contact the inspector directly to make those arrangements.

Failed Inspections – If the inspection fails, the inspector will make the determination as to whether a permit is required to correct the violation(s). Since this inspection is a commercial inspection, licensed contractors will be required to pull permits to correct violations where permits are required, unless you are the owner and you fall under the exemptions outlined in Florida Statute 489.103.

Passed Inspections – Once the inspection passes, you can apply for your occupational license at City Hall. You must obtain an occupational license prior to occupying a building and opening it up for business. If you have any further questions, please feel free to contact my office.

Best regards,
Jeff Gerling CBO, CEAP
Building Official
City of Groveland

PERMIT # _____

CHANGE OF OCCUPANCY
INFORMATION PACKAGE

THIS OCCUPANCY INFORMATION PACKAGE IS DESIGNED TO EXPEDITE THE PERMITTING AND INSPECTION OF YOUR PROPOSED BUSINESS LOCATION. PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY. IT IS IMPORTANT TO PROVIDE AS MUCH INFORMATION ABOUT YOUR BUSINESS AND THE LOCATION WHERE IT WILL BE CONDUCTED AS POSSIBLE. THE MORE ACCURATE THE INFORMATION, THE LESS LIKELY YOU WILL ENCOUNTER DELAYS ONCE YOU HAVE BEEN ISSUED AN OCCUPANCY PERMIT.

BUSINESS NAME: _____

SITE ADDRESS: _____

PROPERTY OWNER: _____ PHONE: _____

TENANT NAME: _____ PHONE: _____

HOME ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____

INTENDED BUSINESS: _____

PREVIOUS BUSINESS: _____

AREA IN SQUARE FEET OF THE BUSINESS: _____

AREA IN ACRES OF THE EXISTING SITE: _____ # OF PARKING SPACES _____

EXPECTED MAXIMUM OCCUPANT LOAD: _____

IS THERE AN EXISTING FIRE ALARM? Y N

IS THERE AN EXISTING FIRE SPRINKLER? Y N

HOW MANY EMPLOYEES DO YOU EXPECT TO HAVE WORKING DAILY? _____

IF THIS IS A MULTI-TENANT BUILDING, PLEASE PROVIDE A FLOOR PLAN WHICH SHOWS YOUR PROPOSED BUSINESS AND THE BUSINESS THAT ARE ON ALL SIDES OF YOUR PROPOSED BUSINESS. SEE ATTACHMENT 1 FOR AN EXAMPLE.

Attachment 1

| | |
|------------------------------------|---------------------|
| JOHN'S AUTO REPAIR | MARK IV SERVICES |
| MY BUSINESS 1200 SQUARE FEET | PACO'S AUTO BODY |
| JENNIFER'S RESTAURANT | JOSE' DELI |

ATTACHMENT 1

ELECTRICAL INFORMATION:

EXISTING SERVICE SIZE: _____ VOLTAGE: _____ IS AN UPGRADE PLANNED? Y N

WILL YOU BE ADDING ANY OTHER ELECTRICAL INSTALLATIONS SUCH AS
RECEPTACLES, LIGHTING OR PERMANENT EQUIPMENT? Y N

MECHANICAL EQUIPMENT:

EXISTING EXHAUST SYTEM RATINGS IN CFM: _____

PROPOSED EXHAUST SYSTEM IMPROVEMENTS IN CFM: _____

PLEASE INDICATE IF ANY OF THE SPECIAL OCCUPANCY GROUPS IS PLANNED
FOR THIS BUILDING:

1. HAZARDOUS LOCATIONS Y N
2. COMMERCIAL GARAGES, REPAIR AND STORAGE Y N
3. AIRCRAFT HANGARS Y N
4. GASOLINE DISPENSING AND/OR DISPENSING STATIONS Y N
5. BULK STORAGE PLANTS Y N
6. SPRAY APPLICATION, DIPPING AND COATING PROCESSES Y N
7. HEALTH CARE FACILITY Y N
8. PLACE OF ASSEMBLY Y N
9. THEATRES Y N
10. MOTION PICTURE PROJECTOR ROOMS Y N

OWNER SIGNATURE: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY: PLEASE DO NOT WRITE BELOW THIS AREA

MEANS OF EGRESS HAZARD EXISTING _____ PROPOSED _____

1. MEANS OF EGRESS HAZARD INCREASE, SEE CHAPTER 10 FBC, LOWER
HAZARD, SEE SECTION 805 FBCE
2. EGRESS CAPACITY PER 912.4.3? Y N
3. HANDRAILS PER 912.4.3? Y N
4. GUARDS PER 912.4.5? Y N

HEIGHTS AND AREAS HAZARD CATEGORY EXISTING _____ PROPOSED _____

TABLE 912.4
MEANS OF EGRESS HAZARD CATEGORIES

| RELATIVE HAZARD | OCCUPANCY CLASSIFICATIONS |
|--------------------|-----------------------------|
| 1 (Highest Hazard) | H |
| 2 | A, I-2, I-3 |
| 3 | D, E, I-1, M, R-1, R-2, R-4 |
| 4 | B, F-1, R-3, S-1 |
| 5 (Lowest Hazard) | F-2, S-2, U |

1. HAZARD INCREASE PROPOSED PER 912.5.1? Y N IF N, GO TO EXPOSURE SECTION.
2. FIRE RATED WALL CEILING FOR MIXED OCCUPANCY PER 912.5 Y N
3. ENCLOSED STAIRWAYS PER 912.7.2? Y N
4. VERTICAL SHAFTS ENCLOSED PER 912.7.3? Y N
5. OPENINGS PROTECTED PER 912.7.4? Y N
6. ACCESSIBILITY PER 912.8? Y N

EXPOSURE OF EXTERIOR WALLS HAZARD EXISTING _____ PROPOSED _____

REQUIREMENTS FOR ADDITIONAL PERMITS BASED ON INFORMATION PROVIDED ABOVE.

ELECTRICAL Y N

MECHANICAL Y N

PLUMBING Y N

BUILDING Y N

FUEL GAS Y N

PLANS REQUIRED Y N

DESIGN PROFESSIONAL REQUIRED Y N

PLANS PROFESSIONALLY DRAWN Y N

FIRE PROTECTION PLANS REQUIRED Y N

Approvals

ZONING OFFICIAL _____ DATE _____

FIRE OFFICIAL _____ DATE _____

UTILITY OFFICIAL _____ DATE _____

BUILDING OFFICIAL _____ DATE _____